

Please type a plus sign (+) inside this box →

+

PTO/SB/05 (08/00)

Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

26634-705

First Inventor or Application Identifier

Logan

Title

Method And Apparatus For Processing Phone Numbers

Express Mail Label No.

EV 333 492 059 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>21</u>]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed-Sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Detailed Description of the Drawings- Detailed Description- Claim(s) <p>4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) [Total Sheets <u>5</u>]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages <u> </u>]</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies |
|--|---|

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS) PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other: _____

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 60/400,061

Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 021971 or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

Name (Print/Type) Kenta Suzue

Registration No. (Attorney/Agent)

45,145

Signature

Kenta Suzue

Date

July 16, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.